

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ES</i>		08/22/00
O.I.P.E. CLASSIFIER		48	8/25/00
FORMALITY REVIEW	<i>ES</i>	804	09/26/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	3/17
2	10/19
3	10/19
4	10/19
5	10/19
6	10/19
7	10/19
8	10/19
9	10/19
10	10/19
11	10/19
12	10/19
13	10/19
14	10/19
15	10/19
16	10/19
17	10/19
18	10/19
19	10/19
20	10/19
21	10/19
22	10/19
23	10/19
24	10/19
25	10/19
26	10/19
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	0
34	0
35	0
36	0
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	
51	3/19
52	04
53	04
54	04
55	04
56	04
57	04
58	04
59	04
60	04
61	04
62	04
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99	04
100	04

Claim	Date
Final	
Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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